P.O. Box 12070

		PURPOSE COMMITTE	CITY OF COR	FORM COVER SHE	SPAC EET PG 1
	ne SPAC Instruction Corm.	GUIDE explains how to complete this	(Ethics Commission filers)	2 Total pages filed:	
3	COMMITTEE NAME			OFFICE U	SE ONLY
	Aquifer Pro	otection Initiative	-	Date Received	
4	COMMITTEE ADDRESS		TY; STATE; ZIP CODE		
	Change of Address	P.O. Box 328		Date Hand-delivered or	Date Postmarked
		San Antonio, Tes	X45		
	18.00		292-0328		
5	CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI C	Receipt #	Amount
ļ	NAME	Mr. George	SUFFIX	Date Processed	
		Tim Hixon		Date Imaged	
6	CAMPAIGN TREASURER'S	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE	E#; CITY; STATE;	ZIP CODE	
	STREET ADDRESS (Residence or business)	315 E. Conne	erce, Suite	300	
	,	San Antonio, TX	78205		
7	CAMPAIGN	STREET OR PO BOX; APT / SUITE	E#; CITY; STATE;	ZIP CODE	
	TREASURER'S MAILING ADDRESS	P.O. Box 328			
	Change of Address	San Antonio,	, TX 78292	-0328	
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	.	
	TREASURER PHONE	(210) 225 - 30	53		
9	REPORT TYPE	January 15	30th day before election	Exceeded \$500 I	imit
			8th day before election	Dissolution (atta	,
			Runoff	termination	mpaign treasurer
10	PERIOD COVERED	Month Day Year		Month Day	Year
		2/4/05	THROUGH	3/28/	05
11	ELECTION	ELECTION DATE ELECTION Month Day Year	N TYPE		
		5 / - /	mary Runoff	General	Special
		GO TO PA	AGE 2		

Texas Ethics Commission	P.0	D. Box 12070	Austir	n, Texas 787	711-2070	RECE	IVED ⁽⁵¹	2)463-580	00 1-800	-325-850
SDECIEIC DI	IDD	005.00				TYOFSA	N ANTO	410		
SPECIFIC-PUPURPOSE AI			IVI IVI		REPU	IKAB F G			FORM SI	
1 OKI OSLAI	ו כור	OIALS			200	5 APR - 7	PM 3:	JOVER	SHEET	PG Z
12 COMMITTEE NAME AG	ui fe	r Prot	tect	200	Init	iativ	e		DUNT # s Commission file	rs)
13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)		CANDIDA	TE	CANDIDATE	/ OFFICEHOLD	DER NAME				
SUPPORT (Candidate or Measo	ure)	OFFICEHO	OLDER	OFFICE SOL	JGHT (candidate	e) / OFFICE H	ELD (officeh	older)		
OPPOSE										
(Candidate or Meas	ure)	MEASURE	≣	\sim	NTIFICATION /		l		TION DATE Day Year	05
ASSIST (Officeholder)		IXI MEASURE	Ι	DESCRIPTION CITY OF LOSSE 12	San An ation ec	tonis the sure	to purcis there	ld all hase eby pr	ow for the land and otection	~ e { + h. e
14 CONTRIBUTION 1. TOTALS		TOTAL POLITIC PLEDGES, LOA						\$		
	2.	TOTAL POLI				ES OF LOAN	S)	\$ 8,	484.	00
EXPENDITURE TOTALS	3.	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED			\$					
	4.	TOTAL POLI	TICAL E	EXPENDITU	IRES			\$ 1,5	542.	31
CONTRIBUTION BALANCE	5.	TOTAL POLITION OF THE REPOR			MAINTAINED	AS OF THE I	AST DAY	\$ 6	,941.1	9
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCI LAST DAY OF				NG LOANS A	S OF THE	\$		
AFFIX NOTARY STAMP / SE. Sworn to and subscribe	A M. Mile otary Pu ate of Te n. Exp. (ecoco AL ABOV ed befor	CHELSON \$ blic xxas xxas		report	is true and co	orrect and inder Title 15,	f campaign	I informati	e accompany ion required to	
Signature of officer admin	nistering	oath P	rinted na	me of officer	administering	oath	Title of off	icer admini	stering oath	

The Instruction	ON GUIDE explains how to complete this form.	3: Total pages this Schedule A:		
2 FILER NAME	fer Protection Initial	tive	3 ACCOUNT # (Eti	hics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	Bonnie Conner Campaig	91	CONTRIBUTION (4)	деsсприон (п аррисаые)
2/4/2	1		1222 00	1
a/4/05	13304 Hunters Hollow		1000.00	
	San Antonio, TX 783			1
	pation / Job ttle (See Instructions)	10 Employer (See In:		D
	tived		- Friends	> of the Vavks
Date	Full name of contributor Out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
1	tugene H. Dawson,	γ		1
2/4/	Contributor address; City; State; Zip Code	ļ	5000.00	i I
105			0000	ĺ
	San Antonio, TX 782	·		
	pation / Job title (See Instructions) devet	Employer (See Ins	structions) Jawson E	in this work
Date		1 5,7-	I	· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributorout-of-state PAC (ID#:_	/	Amount of contribution (\$)	In-kind contribution description (if applicable)
γ / .	Stephen L. Hixon		ĺ	[
2/19/05	Contributor address; City; State; Zip Code	J	1000.00	I
1001	C - 1 TY 702		1000.00	
	Jan 4040, 189			
Principal occur Petive	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Weir Labatt III		Continuous. (+,	description (ii applicatio)
3/10/05	Contributor address; City; State; Zip Code		222 201	ı
1000	P.O. Box 12506		100.00	l
	San Antonio, TX 780	ا 2050- الم		
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
21	Valarie S. Bristol		contribution (\$)	description (if applicable)
7/15/06/	Contributor address; City; State; Zip Code			
100	512 Bulian Lane	-	50.00	
	Austin, TX 78746		; 1	
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
			· · · · · · · · · · · · · · · · · · · 	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. P.O. Box 12070

1	CAL CONTRIBUTIONS RTHAN PLEDGES OR LOAN	RECE IS CITY OF SAI	OINOTHA N	SCHEDULE A	
The Instructio	อง Guide explains how to complete this form.	2005 APR -7	1 Total pages this Schedule A:		
2 FILER NAME	lifer Protection Initia	tive	3 ACCOUNT # (Eth	hics Commission filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:]		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
3/12/05	6 Contributor address; City, State; Zip Code 148 Brightwood Place San Antonio, TX 7820	50.00	 		
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)		
Date	Full name of contributor Out-of-state PAC (ID#:_ Anjali H. Kaul		Amount of contribution (\$)	In-kind contribution description (if applicable)	
3/15/05	Anjali H. Kaul Contributor address; City; State; Zip Code 8824 Chalk Knoll Austin, TX 78735	Orive	(00.00)		
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)		
Date .	Full name of contributor Out-of-state PAC (ID#:_ Jill L. Sondeen		Amount of contribution (\$)	In-kind contribution description (if applicable)	
3/10/05	contributor address; City; State; Zip Code P.O. BOX 310048 New Braunfels, TX	25.00			
Principal occup	pation/Job title (See Instructions)	Employer (See Ins	structions)		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
724/05	contributor address; City; State; Zip Code 1734 Opnerail San Antonio, TX 7	8248	25.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	tructions)		
Date	Full name of contributor out-of-state PAC (ID#:_ Gay P. Amaon Contributor address; City; State; Zip Code)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
720/05	Contributor address; City; State; Zip Code 7897 Broadway, #1 San Antonio, TX 782		100.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction	א Guide explains how to complete this form.	1 Total pages this Schedule A:					
2 FILER NAME	Agrila Protestion Initiative			3 ACCOUNT # (Ethics Commission filers)			
4 Date 2/22/05	Date 5 Full name of contributor out-of-state PAC (ID#:) Bonnix Cenner Cumpaign 6 Contributor address; City; State; Zip Code 13306 Huntus Hollow 560 Autonio TX 78230			8 In-kind contribution description (if applicable) adventisement in San Antonio Post			
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)				
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
·	Contributor address; City; State; Zip Code			2005 APR			
Dein ein al a a	The state of the s			27 3			
Filiaparoccu	pation / Job title (See Instructions)	Employer (See In:	structions)	`			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	Contributor address; City; State; Zip Code			5			
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	Contributor address; City; State; Zip Code						
Principal occuj	pation / Job title (See Instructions)	Employer (See Ins	structions)				
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	Contributor address; City; State; Zip Code						
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)				

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

CORPORATE OR LABOR ORGANIZATION **CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

SCHEDULE C

	1-1-2		N	
The Instructio	N GUIDE explains how to complete this form.	1 Total pages this Schedule C:		
2 FILER NAME	vita Protection Initiative	3 ACCOUNT# (Et	hics Commission filers)	
4 Date	5 Corporation / Labor Organization name	7 Amount of	8 In-kind contribution	
	The Nature Conservancy	contribution (\$)	description (if applicable)	
1/24/05	The Nature Conservancy 6 Corporation / Labor Organization address; City; State; Zip Code	34.00	Pact office box	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Corporation / Labor Organization address; City; State; Zip Code		2005 APR	
Date	Corporation / Labor Organization name	Amount of	In-kind contribution?	
	33,63,63,63,63,63,63,63,63,63,63,63,63,6	contribution (\$)	description (if applicable)	
	Corporation / Labor Organization address; City; State; Zip Code		- - - -	
D-4-				
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Corporation / Labor Organization address; City; State; Zip Code			
Date	Corporation / Labor Organization name			
Date	Corporation/ Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Corporation / Labor Organization address; City; State; Zip Code	 		
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Corporation / Labor Organization address; City; State; Zip Code	 		
	ATTACH ADDITIONAL COPIES OF THIS FORM A	S NEEDED		

Boerne, TX 70006-2011

37.00

Purpose of payment (See instructions regarding type of information required.)

Stamps

· Complete if direct expenditure to benefit C/OH · · Candidate / Officeholder name

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES	RECEIVED	SCHEDULE F
	CITY OF SAN ANTONIO	
The Instruction Guide explains how to complete this form.	2005 APR - 7 PM 3: 10 Total page	es Schedule F:
2 FILERNAME Aguifer Protection I	nitiative 3 ACCOUN	T # (Ethics Commission filers)
4 Date 5 Payee name Esponce	da	7 Amount (\$)
Ruben Esponces 3/12/05 6 Payee address; City; State; Zi 30. Box 1A463 San Antonio, T	ip Code X 78214	800.00
Purpose of payment (See instructions regarding type of informal required.)	ation 9 •• Complete if direct expenditure Candidate / Officeholder name	e to benefit C/OH •• Office sought Office held
labor - installation of campai	•	
Date Payee name Office Depot		Amount (\$)
Date Payee name Office Depot Payee address; City; State; Zi 3713 Column (San Butonix)	p Code Drive (78230	101.85
Purpose of payment (See instructions regarding type of informal required.)		to benefit C/OH •• Office sought Office held
office supplies	Garagas, Garagas, Italia	Office neigh
Date Payee name		Amount (\$)
428/05 Payee address; City; State; Zip 10004 WUVZbae		21.01
	X 78230	
Purpose of payment (See instructions regarding type of informat required.)	tion •• Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH •• Office sought Office held
API Letterhead		
Date Payee name		Amount (\$)
Payee address; City; State; Zip	o Code	
Purpose of payment (See $\hat{\mathbf{I}}_{p}$ instructions regarding type of informati required.)	ion •• Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH •• Office sought Office held
ATTACH ADDITIONAL C	COPIES OF THIS FORM AS NEEDED	